

PETITION AND AFFIDAVIT FOR A JUDICIAL DRIVING PERMIT

PEOPLE OF THE STATE OF ILLINOIS

NO. _____

VS.

1. You must attach to this petition a current professional evaluation of your alcohol or other drug use.

2. I have not had a previous conviction or court assigned supervision for violating Illinois Revised Statutes, Chapter 95 1/2 Section, 11-501 (Driving Under the Influence) or a similar provision of a local ordinance, or a conviction in any other state for a violation of driving while under the influence of a similar offense within the last 5 years.

TRUE OR FALSE

3. I have not had a driver's license suspension for Illinois Revised Statutes, Chapter 95 1/2 Section, 11-501.1 after January 1, 1982, or a previous statutory summary suspension for refusing to submit to a breath test or other chemical test.

TRUE OR FALSE

4. I have not had a previous statutory summary suspension for submitting to chemical testing resulting in an alcohol concentration of 0.10 or more.

TRUE OR FALSE

5. I have not been convicted of reckless homicide within the previous 5 years.

TRUE OR FALSE

6. At the time of arrest my license to operate a motor vehicle was valid

TRUE OR FALSE

7. As of the date of this Petition, my license to operate a motor vehicle is valid, with possible exception of pending Statutory Summary Suspension.

TRUE OR FALSE

IF ANSWER IS ''FALSE'' ANSWER THE FOLLOWING:

TRAFFIC AND CRIMINAL RECORD

8. Have you for the last 5 years been convicted of, placed on court supervision, or placed on some type of deferred prosecution for any traffic violation that does not appear on your driving record?

YES OR NO

IF ANSWER IS YES, for each such violation list the approximate date of the violation and the final disposition.

DATE _____	DISPOSITION _____
DATE _____	DISPOSITION _____
DATE _____	DISPOSITION _____
DATE _____	DISPOSITION _____
DATE _____	DISPOSITION _____

9. Do you have any traffic violations pending in any court other than the violations you received with the DUI ticket for which you are now seeking a judicial driving permit? YES OR NO

IF ANSWER IS YES: for each violation describe the type of violation and the county and state in which the case is pending.

Description_____

County and State_____

Description_____

County and State_____

Description_____

County and State_____

Description_____

County and State_____

Description_____

County and State_____

10. Have you as a driver been involved in any automobile accidents within the past 10 years? YES OR NO

IF ANSWER IS YES: CCHPLETE EITHER A OR B:

(A) Attach to this petition a copy of any accident reports you had to file with the police as a result of the accident.

(B) For each accident write the date of the accident, the approximate dollar value of damage, whether or not there were any personal injuries or a death, and whether or not as a result of the accident you were convicted of any traffic violation.

DATE_____; DAMAGES \$_____; INJURY: Yes or No; Death: Yes or No

Were you convicted of a traffic violation: Yes or No

DATE_____ S \$_____; INJURY: Yes or No; Death: Yes or No

Were you convicted of a traffic violation: Yes or No

DATE_____ • DAL _____; INJURY: Yes or No; Death: Yes or No

Were you convicted of a traffic violation: Yes or No

DATE_____ S \$_____; INJURY: Yes or No; Death: Yes or No

Were you convicted of a traffic violation: Yes or No

DATE_____ S \$_____; INJURY: Yes or No; Death: Yes or No

Were you convicted of a traffic violation: Yes or No

11. As of the date of this Petition, I have automobile liability insurance from_____ in the amount of _____.

The policy expires._____.

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12. Have you in the last 10 years been convicted of, placed on court supervision for, or place on some type of deferred prosecution for any criminal violation other than any traffic violation: YES OR NO

IF ANSWER IS YES: for each offense describe the type of charge, the disposition of the case, and whether or not a motor vehicle was in any way involved in the offense.

DESCRIPTION _____
DISPOSITION _____
Was a motor vehicle in any way involved in the offense: Yes or No

DESCRIPTION _____
DISPOSITION _____
Was a motor vehicle in any way involved in the offense: Yes or No

DESCRIPTION _____
DISPOSITION _____
Was a motor vehicle in any way involved in the offense: Yes or No

DESCRIPTION _____
DISPOSITION _____
Was a motor vehicle in any way involved in the offense: Yes or No

DESCRIPTION _____
DISPOSITION _____
Was a motor vehicle in any way involved in the offense: Yes or No

13. Do you have any criminal violation other than any traffic violation pending in court? YES OR NO

IF ANSWER IS YES, for each offense describe the type of charge and the county and state in which the case is pending.

DESCRIPTION _____
County and State _____
DESCRIPTION _____
County and State _____
DESCRIPTION _____
County and State _____
DESCRIPTION _____
County and State _____
DESCRIPTION _____
County and State _____

FAMILY INFORMATION

14. Home address: _____

15. List names and ages of family members and whether or not they have a drivers license:

Name _____	; Age _____	; License: Yes or No
Name _____	; Age _____	; License: Yes or No
Name _____	; Age _____	; License: Yes or No
Nam _____	; Age _____	; License: Yes or No
Name _____	; Age _____	; License: Yes or No

16. If you or any members of your family are in need of ongoing medical or alcohol treatment for which you must provide transportation answer the following.

(a) For each required treatment list (1) who needs the treatment, (2) the nature of the treatment, (3) date and time of treatment, and (4) the route taken to and from place of treatment.

(b) Describe to what extent your family can assist in providing transportation for treatment if you are not granted a Judicial Driving Permit.

(C) I have done the following to try to arrange a way to and from the above described treatment if I were not issued a Judicial Driving Permit:

EDUCATION/EMPLOYMENT INFORMATION

17. I am currently employed or in school. TRUE OR FALSE
IF ANSWER IS TRUE, COMPLETE THE FOLLOWING:

- (A) Name of employer/school: _____
- (B) Employers/school address: _____
- (C) &Ployers/school telephone number: _____
- (D) Supervisor's name: _____
- (E) Employment/class schedule (Days of week and hours worked/in class): _____

(F) Route driven to and from work/school: _____

(G) Describe to what extent your family can assist in providing transportation for work/school if you are not granted a Judicial Driving Permit.

(H) I have done the following to try to arrange a way to and from work/school if I were not issued a Judicial Driving Permit:

M If You must drive as a condition of employmnt describe: (1) what Your Purpose is for driving as a condition of employment, (2) the extent of required driving, and (3) what You have tried to arrange if a Judicial Driving Permit were not issued:

(J) (Employment): I have attached to this Petition an ''EMPLOYERS CERTIFICATE'' form completed by my supervisor.

or

(School): I have attached to the Petition my class schedule and certificate of enrollwnt from my Education institution

TRUE OF FALSE

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PEOPLE OF THE STATE OF ILLINOIS

vs

NO. _____

EMPLOYER CERTIFICATION AND AFFIDAVIT

FOR EMPLO /DEFENDANT

This form should be completed by the above name defendant's work supervisor who is responsible for the defendant's working hours and place of employmnt.

INFORMATION ABOUT SUPERVISOR

YOUR NAME: _____

JOB TITLE: _____

Briefly describe your job responsibilities.

2.

1. How long has defendant worked for you?_____

2. Do you expect that defendant will remain in your employ for at least the next six months?_____

3. What shift does defendant work?_____

4. Does defendant ever work any other shift: If so, explain_____

5. To your knowledge does defendant drive to work every day?_____

6. To Your knowledge would defendant be able to ride to work with other employees regardless of what shift he/she is working?

7. If defendant were to lose his driving privileges, can defendant's work schedule be altered so that defendant can ride with someone else?

8. Briefly describe defendant's primary job responsibilities.

9. At what address do these primary job responsibilities take place?

10. Is the defendant required to drive anywhere as a part of defendant's primary job responsibilities?_____

IF YES, ANSWER THE FOLLOWIM:

A. What are defendant's driving routes?_____

B. At what times does defendant drive for his job?_____

3.

C. Does defendant use his own vehicle or company vehicle for these driving responsibilities? _____

D. Is defendant accompanied by another employee who is capable of driving? _____

11. If defendant were to lose his driving privileges, would defendant be able to work alternative, non-driving jobs while remaining in your employ? _____

The undersigned, knowing that the above will be used by the court as a material consideration in deciding whether to issue a Judicial Driving Permit and being sworn upon oath, swears and affirms to the court under penalty of perjury, that the above information is true and accurate to the best of my knowledge.

Signature _____ Date _____

SUBSCRIBED AND SWORN to
before me this _____
day of _____, 19____.

NOTARY PUBLIC